## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted
directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit
manager.

•	Questions from Administrative Law Judges may be submitted dire where the hearing took place, with a copy of the form directed to the	ctly to	the CalFresh Policy anal	lyst assigned responsibility to the cour	ty
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:	_
	Policy/Regulation Interpretation		5/13/14	5/26/14	
	□ QC	6.	COUNTY/ORGANIZATION:		-
			Shasta		
	Fair Hearing	7.	SUBJECT:		_
	U Other:		FosterIncome		
2.	REQUESTOR NAME:	REFERENCES: (Include ACL/ACIN, court cases, etc. in references)     NOTE: All requests must have a regulation cite(s) and/or a reference(s).			
3.	PHONE NO.:				
4.	REGULATION CITE(S):				
	63-402.322, 63-502.142, CFR §273.9				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):				_
	the amount of Foster Care (FC) income available to the hou that amount is not available to the household?  Scenario: Sixteen year old child placed in foster care home by FFA. To foster care family \$1009.				
10.	REQUESTOR'S PROPOSED ANSWER:				
	The FC income used in the CalFresh budget is the FC benefit that is made available to the household.				
	OTATE DOLLOW DESCRIPTION				
11.	STATE POLICY RESPONSE (CFPB USE ONLY):				
	State concurs with proposed response.				
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**FOR CDSS USE** 

JR

DATE RESPONDED TO COUNTY/ALJ:

DATE RECEIVED: